



COUNTY OF LOS ANGELES  
**REGISTRAR-RECORDER/COUNTY CLERK**

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**DEAN C. LOGAN**

Registrar-Recorder/County  
Clerk

COUNTY OF LOS ANGELES  
STATEMENT OF DOMESTIC PARTNERSHIP  
(LOS ANGELES COUNTY CODE CHAPTER 2.210)

We, the undersigned, hereby state and acknowledge that we are both 18 years of age or older and that we consider ourselves to domestic partners. We further state and acknowledge that one or both of us resides or is employed in Los Angeles County.

**(OPTIONAL – The filing parties may check one or more of the following)**

We further state and acknowledge that the following are true:

\_\_\_ We have considered ourselves to be domestic partners since \_\_\_\_\_

\_\_\_ Neither of us is married.

\_\_\_ We are not related by blood in a manner, which bar marriage in the State of California.

\_\_\_ We are each other's sole domestic partner.

\_\_\_ We consider ourselves to be immediate family.

\_\_\_ We have chosen to share each other's lives in a committed and caring personal relationship.

\_\_\_ We share a common household.

\_\_\_ We share financial responsibility for our joint household expenses.

\_\_\_ We own real property together.

\_\_\_ We own personal property together.

\_\_\_ Each of us has authorized the other to make decisions in case of medical emergency.

\_\_\_ Each of us has authorized the other to act with respect to business or personal financial matters should one us become unable to handle such matter on an interim or permanent basis.

\_\_\_ Each of us has made provision for the other through a last will and testament, a form of trust document of or another means of estate planning.

\_\_\_ Other \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

\*This document does not take the place of the property executed legal documents which you must have if you wish to authorize each other to make medical or financial decision for each other or leave property to each other or make other arrangements concerning incapacity or death. Such documents can provide critical protections for you and your partner incase of medical or other emergency. It is important to consult with an attorney for assistance in preparing documents that are appropriate for your needs. The staff of the Registrar-Recorder/County Clerk is not authorized to provide you legal advice.

\*This document is a public record.

File# \_\_\_\_\_

File Date \_\_\_\_\_